



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER 682

February 14, 2008

TO: Iowa Medicaid Home Health Agency, HCBS Waiver and Individual CDAC Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: A Template is Now Available for the Waiver Claim Form

EFFECTIVE: Immediately

All providers enrolled with Iowa Medicaid under the Home and Community Based Services (HCBS) waiver program submit claims for payment to the Iowa Medicaid Enterprise (IME) on the Claim for Targeted Medical Care (form 470-2486, revised 3/07). This is commonly known as the waiver claim form. **A template of this form is now available for providers on the IME website. Providers can complete the form on their computer and then print and mail the claim to the IME.**

The template can be found at <http://www.ime.state.ia.us/Providers/index.html>, in the box below "Claim Form Instructions." This area includes step-by-step instructions on how to complete the claim for both waiver and individual CDAC providers. If you choose to fill out the form online, it must be printed and mailed to the IME for processing. The printing must be on white paper with black ink.

Note:

- No data can be saved on this form; you will need to retype the information every month.
- All appropriate boxes must be filled in correctly to ensure proper claim payment.
- The second page of the form does not need to be sent to the IME.
- Providers should print a second copy of the form to keep with their service records.
- CDAC providers still must have the claim form signed by the member.

All providers using this form are reminded that claims must be submitted to the IME on a monthly basis only after the end of the month in which the service was provided.

Providers are not required to use this new service and may still submit hand-written waiver claims to the IME on the standard form available through the IME.

The mailing address for claims remains the same:

**Medicaid Claims
P.O. Box 150001
Des Moines, IA 50315**

The IME appreciates your partnership as we work together to serve the needs of the Iowa Medicaid members. If you have any questions please contact IME Provider Services at 1-800-338-7909, locally in Des Moines at 515-725-1004 or by email at imeproviderservices@dhs.state.ia.us.